

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
FOOD & STANDARDS DIVISION
 Telephone: (860) 713-6160
 Web Site: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR REPAIRER OF WEIGHING & MEASURING DEVICES

Connecticut General Statutes; Sec. 43-46. Definitions. "Repairman" means any person engaged in the business of adjusting or repairing weighing or measuring devices in this state or an employee thereof engaged in such business.

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order in the amount of \$20.00**, made payable to "***Treasurer, State of CT.***" Application fees are non-refundable.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant's Name (First Name, Middle Initial, Last Name)			
Street Address		City	State
Zip Code			
Telephone Number (with area code)	Social Security Number	Years of Experience in servicing, repair or installation of weighing or measuring equipment:	
Date of Birth / /	Applicant's BirthPlace	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide on a separate sheet, the date(s), and nature of conviction(s), where the case(s) were decided and a description of the circumstances relating to each conviction(s).			
Employer's Name			
Employer's Street Address		City	State
Zip Code			
If Self Employed, List Name of Business			
Address of Business		City	State
Zip Code			
Give a Brief Description of Your Business			

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant _____ Date _____

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INSPECTION DATE:		INSPECTED BY:	APPROVED BY:	APPROVAL DATE:
FEE DUE:		LATE FEE:	FEE COLLECTED:	CHECK OR MONEY ORDER #:
NEW LICENSE <input type="checkbox"/>	RENEWAL APPLICATION <input type="checkbox"/>	CURRENT REGISTRATION #		EXPIRATION DATE: 1 2 / 3 1 / _ _ _